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The introduction of a project designed to evaluate children before they enter kindergarten for potential learning problems lists additional objectives and the results of screening preschool children. Post-screening planning for each child, development of a workshop to prepare programers, presentations for parent and faculty education, and recommendations are discussed. A description of pilot programs in two school districts includes the scope, educational facilities and services in the communities, diagnostic needs, and finances. The areas of disability to be considered are the following: learning disorders, including motor, perceptual, and conceptual problems; mental retardation; emotional disorders; speech and language disorders; inadequate experiential backgrounds; social incompetencies; and physical disabilities. Also treated are services to children, parents, and teachers; followup calls; procedures and staff role at the clinic; and program planning, including personnel and staff roles, meetings, fund requests, consultants, federal aid, and related services and activities involved in the program development. The participation of nonpublic school children in the program, evaluation methods, dissemination of information, and professional personnel qualifications and responsibilities are described. (RP)

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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PROJECT GENESIS

PRE-SCHOOL DIAGNOSIS AND PROGRAMMING

TITLE III PUBLIC ACT 89 - 10

IN COOPERATION WITH
LAKEVIEW AND LAKE SHORE
PUBLIC SCHOOL SYSTEMS

ST. CLAIR SHORES, MICHIGAN

January, 1968

TITLE PAGE

U. S. Department of Health, Education and Welfare

Office of Education

Division of Plans and Supplementary Centers

Washington, D. C.

OE Form No. _____ Budget Bureau No. _____
Approval Expires _____

OPERATIONAL GRANT

(P. L. 89 - 10, TITLE III)

APPLICATION FOR FEDERAL GRANT TO ESTABLISH, OPERATE AND MAINTAIN A SUPPLEMENTARY EDUCATIONAL CENTER AND SERVICES

OE Project No. _____

TITLE OF PROJECT: Project Genesis

THE APPLICANT: Lakeview Public Schools

ADDRESS: 25901 Jefferson Avenue
St. Clair Shores, Michigan

hereby applies to the United States Commissioner of Education for financial assistance in the establishment, operation and maintenance of the supplementary educational center, services or activities described in this application, pursuant to the provisions of Title III of the Elementary and Secondary Education Act of 1965 (Public Law 89 - 10).

INTRODUCTION

In July, 1967, the Lakeview-Lake Shore Public School was awarded an ESEA TITLE III grant (OEG-3-7-703522-3823) (Project #67-03522-0) for the Project titled, "Genesis." The general objectives of the grant were:

A. To evaluate children prior to entering kindergarten for potential learning problems, such as:

1. Learning Disorders
   a.) Motor
   b.) Perceptual
   c.) Conceptual
2. Mental Retardation
3. Emotional Disorders
4. Speech and Language Disorders
5. Inadequate Experiential Background
6. Social Incompetencies
7. Physical Disabilities

B. To program, on an individual basis, for these children who have been identified as exceptional.

C. To act as a consultant service to other school-related services and activities, such as the Curriculum Committee responsible for early elementary curriculum.

D. To educate parents in areas of child growth and development, mental health, physical health in relation to ability to learn and goals of kindergarten and early elementary years.

E. In general, to prepare four and five year old children for entrance into school, to aid teachers in providing a quality program for every child, to involve parents more intensively in the education process that has been done in the past, and to strengthen the home and school in the single purpose of helping the child.

At the time of this writing, the results of meeting these objectives, after only four months of operation, are significant.

Screening of 166 pre-school children revealed that:

1. Approximately 24% of the children had been identified in the initial screening as either having an evident perceptual motor disability, or, the children had been identified for further and more comprehensive testing later in the school year. In retesting these children, 4% have been identified as having no perceptual disability while the others have received individual programming.

2. Approximately 41% of the kindergarten children were identified as having some visual immaturity.

These results are in accordance with expected norms for kindergarten children. *

3. Approximately 12% of the pre-school and kindergarten children had indicated speech problems. This is slightly above norms of other surveys. *

4. Approximately 3% of the children were identified as having hearing problems. This is slightly below norms of other surveys. *

5. Approximately 7% of the families were identified as needing guidance or other service. This is slightly above average of other surveys. *

6. Approximately 18% of the children were identified by the school psychological diagnosticians as needing further testing.

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* DeHirseh, Katrina, Jeanette Jansky, and William S. Langford. Predicting Reading Failure. New York: Harper & Row, 1966.

* Montgomery County Public Schools, Rockville, Maryland.

POST-SCREENING:

After screening the children, the professional staff recommended and developed individual programs for those children who showed some exceptionality. Total screening information was then recorded on each child's record card. The Child-er became directly involved with the programming of the children at this point, and has maintained this as her primary role in the program's operation because:

1. Size (29-31) of the six (6) kindergarten classes in the two schools of the Pilot Program is too large to allow the classroom teacher to take time to work individually with programmed children.

2. The programs outlined by the professional staff for certain children involve primarily a one-to-one relationship for any appreciable development to occur in the child.

It has been necessary for the Child-er to dig deeply into areas where she felt a lack of knowledge, to review areas in which she had had previous training, and to work closely with the optometrist in the individual assessment and programming of children indicating visuomotor disabilities. She has completed a course in Education of Exceptional Children at Eastern Michigan University this fall, visited programs in the Grosse Pointe, Birmingham, and Lamphere School Districts, attended a conference at the Special Achievement Center at

Purdue University, and plans to attend the International Conference of the American Association for Children with Learning Disabilities in Boston next February. She has observed visuomotor training sessions conducted by two specialists.

Dr. Eli Rubin, head of the psychology department at Lafayette Clinic in Detroit, has reviewed the program and strongly recommends the usefulness of the Child-er (letter enclosed).

WORKSHOP:

We are now in the planning stages of developing a workshop sponsored by Wayne State University, under the guidance of Dr. Walter Ambinder, of the Educational Psychology Department. This workshop will be structured to train and qualify those people interested in the role of Child-er or of kindergarten teaching. It will primarily be structured toward the area of early growth and development of children. Children identified in the spring screening will be assisted in this planned workshop.

PARENT EDUCATION AND FACULTY EDUCATION:

Seven parent group presentations outlining the objectives of the Genesis program have been made. Color slides, 8 mm film, transparencies, and handouts were utilized, a monthly newsletter was distributed to all parents of the kindergarten children in the pilot schools, and to all administrators in both districts. Dr. Walter Ambinder, Psychologist and

Dr. Donald Lakin, Optometrist, along with the Child-er and Dorothy Jens, Perceptual-Motor Development Consultant, have presented an informal question and answer type of meeting twice with parents whose children had been identified as having some exceptionality. All parents indicated in the questionaires presented to them that the meetings were extremely informative.

Presentations were made to:

1) Six faculties
2) Kindergarten teacher groups
3) Neighboring school district faculties
4) Invitations have been received from other groups

A marked change has been noted in the attitudes of parents toward the school; there appears to be a greater awareness on the partoof these parents that educators have a sincere interest in each child. They recognize the value of the program when they see actual evidence of learning handicaps or problems in their own children. This evidence need not be a referral for outside care. Many parents have remarked that until they did the home activities recommended by the Child-er during the parent conferences, they did not realize their child became confused when identifying right and left or did not know all the parts of his body.

Project Genesis is helping the parents learn more about their children. However, it will be many months before Genesis can

determine its influence on these children.

RECOMMENDATION:

The original proposal was written to include all eighteen (18) elementary schools in both districts. Subsequent evaluation has indicated the need for more staff in the way of Child-ers and supportive personnel in order to adequately service the program.

Therefore, we are reducing our original plans so that the program will be expanded to approximately eight (8) to ten (10) schools or one-half the schools in each district.

Our recommendation is that we utilize one Child-er and one supportive personnel for every ninty (90) children entering kindergarten.

The utilization of supportive personnel at the ratio of one to every Child-er will complement the expanded role of the Child-ers and will utilize their professional abilities to the greatest extent.

Persons hired in this capacity will have as much educational background as is possible within the framework of personnel available in this category. Persons with a teaching background would certainly be most desirable, if available. The utilization of high school graduates with a desire to go into education, but seeking working experience before embarking on their academic career, will also be considered.

These individuals will be contracted as soon as possible so that they may be trained simultaneously with the Child-ers. Their training will be orientated toward the practical aspects of visuomotor training under optometric supervision.

We further recommend that the program be expanded to involve four (4) Child-ers in the school year 68-69. This would provide services for three hundred sixty (360) kindergarten children and consulting services for the first grade pilot groups for the school year 68-69.

While this proposal is somewhat less than originally conceived, the staff are firmly convinced that the principles involved are sound and the results to date are good. The problem of obtaining and training adequate additional staff, planning and implementing the proposed expansion, dictates the growth of the total program should be done carefully, slowly, and with step-by-step evaluation.

It is hoped that by concentrating on professionally training all personnel and expanding the program more slowly, the ultimate goal of preventing learning problems will be more fully realized.

ABSTRACT

I. Title and Description

Project Genesis is a project designed to identify children with problems prior to their entry into school and to program for their individual needs.

II. Description of Pilot Program

The Pilot Program will be held in two schools in the Lakeview and Lake Shore School Districts.

Clinics will be held during the month of May using local staff members as clinicians.

Programming for the exceptional child, i.e., any child who deviates from the so-called normal, will be done by the consultants and the clinicians. (For our purpose exceptional children are those children with any type of mental, physical or emotional handicap, and those children with exceedingly high intelligence or extraordinary skill in a given area.)

Counseling, individual and group, of parents will be done by the clinicians and consultants for the project. Parent counseling will usually be done during the evening hours.

A "Childer" (see p. 29) will work with children, teachers and parents to see that the programs are being followed, that they are effective, and if not effective to see that they are adjusted to better meet the needs of the students.

III. Scope

The Pilot Project has been in effect for one school year. A request is being submitted to extend the project for an additional three years. Clinics in ensuing years would be held in May. Summer programs will be devised to meet the needs of the exceptional children identified in the clinics.

Phasing out of the individual child's program, under this project, will be done during the child's third year in school or earlier if the need no longer exists.

Parent education, in the area of Child Growth and Development, is an integral part of this project.

NARRATIVE

I. The Community

A. St. Clair Shores is a middle class residential community - ten miles northeast of the City of Detroit -- with a population of 90,000. There are three separate public school districts in St. Clair Shores, two of which will be participating in the project (see City Map).

B. See attached State Map showing area to be served.
See attached City Map indicating school sities.

C. The Lake Shore District is approximately four square miles, located in the northern section of the City. Its school population of 11,000 is served by 9 elementary schools, 2 junior high schools, one senior high school, and 3 non-public elementary schools extending through grade 8.

D. The Lakeview District is a four square mile area in the center of the City of St. Clair Shores. The school population of approximately 10,000 public and non-public school children is served by 9 elementary, 2 junior high schools, one senior high school, and 3 non-public elementary schools extending through grade 8.

II. Statement of Need

A. St. Clair Shores is an eastern suburb of Detroit, Michigan,

and has available the many cultural and educational facilities of the greater Detroit area. Higher educational institutions include Wayne State University, University of Detroit, Marygrove College, Mercy College, Oakland University, and extension divisions from the University of Michigan, Michigan State University and Eastern Michigan University. Within the City of St. Clair Shores are many cultural and civic organizations, such as the Civic Orchestra, Civic Players, Lions, Rotary, and Kiwanis Clubs. There is a wide variety of adult education courses available through the combined effort of the two school districts plus a Community College which serves Macomb County.

In the participating school districts there are numerous special education facilities available to the exceptional children found in the screening who will need more than an individualized program in a regular classroom.

Special classes are available for Retarded, Deaf and Hard of Hearing, Partially Sighted, Emotional Disordered, and Aphasic children. In adjoining districts classes for Orthopedically Handicapped and Blind children are available. Other services available in the districts are: Speech Correction, School Psychologist, Diagnostician, School Social Workers, Homebound, Elementary Child Development Consultants, and Remedial Reading Program.

B. By national standards the children in these districts rate above the average, yet we still have about 20 percent of our students, third grade and above, achieving academically more than one year below grade level. Many of these students exhibit behavior disorders of one kind or another as they move through the upper grades. Defeat, despair, and emotional problems are too often evident and increase in intensity through puberty. A large percent of low achievement appears to be due to physical and emotional factors and cultural deprivation rather than to low intelligence. Children with learning problems have been failures, dropouts, and behavior problems. These children generally were not diagnosed accurately early enough, and many not at all.

The average classroom teacher has neither the time nor the skills to properly diagnose and program for the individual child with learning problems. Early diagnosis and programming should alleviate the need for mass remediation at a later date. We feel that prevention is preferable to remediation. Through proper diagnosis and programming, we can prevent many children from experiencing defeat in school. We know of no better way of decreasing the numbers of disabled students than to diagnose as early as possible and then to program individually for those with learning problems.

C. Rationale

The most practical way we have of obtaining the information

needed to program successfully for each child entering kindergarten is to have each child attend a clinic with multi-disciplined professionals. This proposal would bring together members of the existing professional staff and resource people from other disciplines to focus their efforts on the whole child, plus the additional benefits of parent education and in-service training of the staff.

D. The Lakeview and Lake Shore Districts are considered distressed areas for State Aid. For the 1966-67 school year: The Lakeview District is levying 24.61 mills for operating expenditures and 7.0 mills for debt retirement. This is a total of 31.61 mills. The state equalized valuation per child is $9,421. The Lake Shore District is levying 27.11 mills for operating expenditures and 7.00 mills for debt retirement. This is a total of 34.11 mills. The state equalized valuation per child is $7,869.00

1966-67	Lake Shore	Lakeview	Macomb County Average
State Equalized Valuation per Child	$7,869.00	$9,421.00	$12,873.00
Operating Tax	27.11	24.61	22.68
Bond issue	7.00	7.00	7.00

III. Objectives

In order to promote as good a learning environment as possible for the children entering kindergarten, we will attempt in this project:

A. To evaluate children prior to entering kindergarten for potential learning problems, such as:

1. Learning Disorders - Children have been entering kindergarten and first grade based on their chronological age. Certain of these children do not appear ready for the kind of general curriculum presented to them at this level and fail to achieve the types of learning expected of them although they have normal intelligence.

Based on the research done at the Gesell Institute at Yale, at Purdue University by Dr. N. Kephart, and in Philadelphia by Dr. Carl H. Delacato, there appears to be a developmental progression made by the normal child through various levels of motor, perceptual, and conceptual learning which integrates the sensory systems for a readiness to learn academic types of material. If a child has not made this normal progression through differentiation and integration of the tactile, kinaesthetic, auditory and visual systems (the systems most closely connected to future academic learning), he can be said to have a

learning disorder or an unreadiness for learning the kinds of materials the school generally presents to him at this age.

Learning disorders can be remediated by a planned program of motor, perceptual, auditory and/or visual training, but this should be based on an individual diagnosis and program. The actual training can sometimes be done in small groups where children are grouped for the same deficiencies.

To be more specific, the types of disorders usually found in children of this age are:

Motor

- inability to ennervate certain parts of the body by visual or auditory cue (Angels in the Snow, Simple Simon, touch both elbows, etc.)
- inability to handle gravity effectively in balance and posture (tight muscle responses, inability to perform different types of locomotion on balance beam, etc.)
- inability to move through space due to inadequate body image (bumps into objects, cannot run backwards, etc.)
- inability to cross midline of body due to translation difficulty (shifts body concurrent with hand, eyes stop, shift, jump, etc. at this point)

Perceptual

- inability to perceive something objectively due to lack of having experienced it at a perceptual-motor match level (touching, holding, smelling, hearing, seeing, etc.)
- inability to perceive relationships of objects in space due to lack of internalized consistent laterality and its projection onto outer objects (directionality, position in space, spatial relationships)
- inability to operate eye and hand simultaneously in such things as initiation, shift of direction, arrest of performance, etc. (visual-motor)
- inability to separate the dominant figure from the ground or lesser stimuli (figure-ground)
- inability to retain constancy of form from one situation to another (constancy of shape)
- inability to sequence stimuli or establish rhythmic patterns (temporal translation)
- inability to categorize objects by differences and/or likenesses (differentiation)

Conceptual

- inability to receive the same stimulus in different forms through different sensory systems in an integrated fashion and retain

it as a concept (integration)

- inability to use abstract concepts (substitutions) for concrete concepts which were sensorily experienced (perceived) (abstract symbolization)

Deficits in any or all of these areas should receive remediation before the child is introduced to reading. Ideally the kindergarten program should provide the special programming that these children need rather than waiting until they have had difficulty in academic work and are then referred for further diagnosis or remedial reading.

Children showing indications of Learning Disorders at the time of screening will be referred for further optometric evaluation and/or psychological testing. Instruments which could be utilized by the psychologist for this further depth study are the Purdue Perceptual-Motor Survey, The Marianne Frostig Developmental Test of Visual Perception, and the Illinois Test of Psycholinguistics.

The kinds of information produced on these tests will be very beneficial in planning an individualized program.

2. Mental Retardation - This handicap can affect children of all ages. Early diagnosis and careful individual programming are essential to the effective

education of mentally retarded children. With early discovery, a child can be placed directly into a special class program for the mentally retarded, and thus not meet failure in the school situation. If he is not discovered early, he will go from grade to grade, possibly spending more than one year in the early grades, and continue having lack of achievement in school until finally one teacher realizes that the child needs help. Then he is referred, evaluated, and if eligible placed in the special class. However, by this time he has constantly met failure. This constant failure over a long period of time frequently leads to emotional disturbance in the child. He is often anxiety ridden and tends to have a low image of himself in relation to his peers. This emotional interference tends to complicate the educational process - making it much more difficult for both child and teacher. Late referral is a problem we face in the area of mental retardation.

For the purpose of our program we have adopted the following definition of mental retardation, as stated by Rick Heber, and adopted by the American Association of Mental Deficiency:

> "Mental retardation is subaverage general intellectual functioning which originates during the development period and is

associated with impairment in adaptive, behavior." *

3. Emotional Disorders - Emotional disturbances vary tremendously in both kind and degree. It is not uncommon to find a school age child who is overtly agressive continuously. Many of such children have long histories of assaults on other children and are often known to be destructive of their own property as well as that of others. Another type of emotional disorder might manifest itself by withdrawal. The child who manifests this syndrome will find it very difficult to get involved in activity with other children. These are but two of many types of emotional disorders found among school children. Intenseive evaluation of these children always shows them to be very unhappy and ill at ease. The aggressive child is not only in conflict with his social surroundings but he is at odds with himself also. The withdrawn child feels, and rightly so, that he is missing out on many of the joys of life but is so ill at ease that he is unable to do anything about it.

* R. Heber (ed.) 1958 "A Manual on Terminology and Classification in Mental Retardation." Monograph, American Journal of Mental Deficiency, 64, November 2

It is well established at this point that early diagnosis and treatment of all forms of emotional disorders in children increases the prognosis tremendously. Further, it is also well established that no discipline operating in isolation is likely to be successful. A multi-disciplinary approach is indicated. Because of this we advocate the psycho-educational approach. It is not uncommon to find children who are suffering from emotional disorders to be also educationally retarded. Because of this it becomes necessary for both experts in education and mental health to join in together and work as a team if any remediation program is to be effective. To this aim this project is dedicated.

4. Speech and Language Disorders - A speech and language evaluation of pre-school children prior to kindergarten would be very beneficial. Children do not outgrow true speech defects, and the earliest detection and therapy, if indicated, of these disorders is desirable. Uncorrected organic abnormalities of the mouth, lips, palate, jaws and teech would be discovered and corrections, in some cases, could be made before the onset of school.

   Explaining to parents how they may help their own children overcome their speech problem is another part of the program. But most important of all -- to teach

parents that speech defects can be prevented if they will try intelligently to teach their children to talk.

The type of testing used will detect abnormalities of:

1. Rhythm (stuttering, cluttering, and spastic speech)
2. Articulation (lisping, lalling, delayed speech and oral inaccuracy)
3. Voice Disorders (pitch, intensity, and quality)
4. Symbolization (dysphasia)

5. Inadequate Experiential Background -- Some children have had many and varied experiences before coming to school, others have probably never been away from their own immediate neighborhood. Pre-schoolers need life-like learning situations which are a basic part of growing up. They form concepts through concrete, first-hand experiences, and need to see a fire engine or a picture of it before they can be told about it or talk about it with any understanding.

A pre-schooler needs to visit the zoo, the park, the city, the library, the farm, the country, the museum, the circus, the fire station, the airport, the grocery store, the bakery, the beach, the shoe repair shop, the cleaners, the laundry, the barber

shop, the post office, ride a bus and a train.

Those lacking this experiential background are unable to enjoy the everyday things about them and are unable to grow in knowledge, understanding and self-expression. They are unable to become aware of themselves and the world around them, to understand that the world lives and moves, people are many and different, and that things happen.

Retarded development is often due to lack of this cultural stimulation. Remedial instruction is profitable whenever a specific handicap from inadequate past experiences is identified prior to the pre-school child's entrance into kindergarten.

6. Social Incompetencies -- Between the age of four and five, a great deal of maturation occurs in all areas of a child's growth, including social adaptiveness. A pre-schooler has lived in a very confined atmosphere inclusive of home and a designated area of the neighborhood. He has been playing alone or with one "special friend." He feels safe within his own family realm. He can speak freely because he has learned through exploration and experimentation how his family will react to him. A pre-schooler is usually not willing to share his toys. Often he develops

the need to boss others around him to gain what he wants. His imagination is "wild" and non-directive at this time; which causes his activities to take the same pattern.

By kindergarten age, the normal five year old is ready to give up part of the solitary playing, to share his experiences and ideas with others. He then begins to develop new friendships. He finds his world expanding. His desire to be a member of the group tends to make him more willing to give way to the demands of others. He does not want to be segregated from the group. When he finds that by sharing, the other children will ask him to join in, he sees a similarity to a home situation, where he can speak freely and share his ideas. This carries over to the school environment. He is becoming more at ease in his new surroundings. At five, imagination takes the form of inquisitiveness and his dramatizations are of practical situations, making the world around him tangible. In controlling his imagination and developing acceptability of his peers, his activities take on direction. He seeks not to please adults or peers alone but himself as well. He is finding his "self-concept" developing in everything he does.

Unfortunately, many of these social capabilities do not develop as easily or as well, as stated above. For many reasons, a child enters kindergarten chronologically ready but is found to be socially immature. Actually, he may have just found his self-concept of four and is not yet ready to tackle that of being five. To this child, school is frustrating. His need for solitary play, not yet satisfied, is thwarted by involving him in group activity too soon. Then, sharing with others, especially those he does not know destroys his feeling of "mine" -- his self-identification. The process of give and take can be the source of real trauma and is often offset by bossiness. The socially immature child cannot grasp the idea of belonging to a group unless he is the one in control of the situation. His behavior sometimes expressed in a sub-level manner is rejected by other children. His activities, being at times non-directive, contradict the group procedure. The socially immature child lacks security, which is visible the first day of school when he is unable to leave his mother's side. In many cases, he has not been away from home for any length of time before. This lack of security in a five year old carries with it a lack of self-confidence. He is not sure of his capabilities or potentials

without his mother's approval.

There is great maturation between four and five years. These are two separate worlds which when crossed can produce several social incompetencies. These social inadequacies can make school an extremely frustrating and possibly defeating experience to an immature five-year-old.

7. Physical Disabilities -- Vision and hearing remains of primary importance but also included are disorders such as: neurological handicaps (i.e., epilepsy, cerebral palsy, brain damage), orthopedic handicaps, cardiac conditions (such as, congential, rheumatic fever damage), chronic illnesses (such as kidney ailments, tuberculosis, asthma, cystic fibrosis, diabetes), blood dyscrasias (such as, anemia, leukemia, hemophilia, and neutropenia), ulcers, teeth and oral hygiene problems, nutritional problems, needed plastic surgery for malformation of scars, benign or malignant tumors, and injuries with complications.

B. To program, on an individual basis, for those children identified as "exceptional." (See definition p. 1, Abstract.)

A program would be a written statement of recommendations to the teacher on the types of activities that would be of most benefit to the individual child. It may also include

the expectations of achievement in given areas for that child.

It should be expected that as children grow and mature the programs will need to be altered and revised. Each program will be reviewed on a continuing basis rather than a specific point in time.

The Child-er may call educational planning committee meetings using the Multi-Disciplinary Approach whenever there is difficulty in finding a program that shows positive results.

The program will include suggestions as to the type of involvement of the parents that would be most helpful to the child to reach his maximum potential.

C. To act as a consultant service to other school related activities, such as, to Curriculum Committees responsible for early elementary curriculums.

D. To educate parents in the areas of child growth and development, mental health, physical health in relation to the ability to learn, and school objectives with relationship to how children learn and goals of kindergarten and early elementary years.

E. In general to prepare four and five year olds for entrance into school, to aid teachers in providing a quality program for every child and to involve parents more intensively in

The Psychologist will spend approximately 10 minutes with each child using tests and parts of tests, such as; "The Anton Brenner Developmental Gestalt Test of School Readiness," or "The School Readiness Test" by Ilg and Ames, "ABC Inventory" by Adair and Blesch, Goodonough Intelligence Test, and Peabody Picture Vocabulary Test. The psychologists will be concerned with finding indications of mental retardation, emotional and learning disorders.

The child development consultant or school social worker will gather information concerning the child's family background and social adjustment and developmental history.

One speech therapist will listen to each child for speech defects. Another speech therapist will use an audiometer to check hearing.

The school nurses will check for vision, throat and teeth and also review medical information.

C. Follow Up

Within a reasonable length of time after the clinics, a meeting will be held involving all of the clinic's staff. Each member will have his record cards in alphabetical order. As each name is called a member of each discipline will state whether or not there is a problem. If there is no problem, the card will be passed to the Genesis secretary to be placed in the child's cumulative folder. If there is a problem the cards will be retained by the testers.

the education process than has been done in the past. We hope to strengthen the home and school in the single purpose of helping the child.

IV Procedures

A. Orientation Meetings

Conduct an informational meeting for parents and invite them to participate in the pre-school readiness clinic. Forms to be completed would be handed out and directions given.

B. Clinic

A clinic will be scheduled for the children to be screened in May.

The children will bring with them: completed Initial Enrollment Card and Birth Certificate. Each child will be seen individually by: a psychologist or school diagnostician, a child development consultant or school social worker, a speech correctionist for speech and hearing, a school nurse trained in developmental vision, and a perceptual motor consultant.

Each of the above disciplines will be seeking certain specified information which will be recorded on a series of cards and transferred onto an individual record card that will be filed in the student's CA 60 Record.

After the sorting has been done the staff will go over the cases with problems. They will discuss each child's case and select one member of the staff to program for that child, or to be responsible to see that certain follow-up evaluations are done.

Examples: Child #8, Hearing Problem - refer to school nurse for a more thorough evaluation.

Child #15, Immaturity - refer to child development consultant.

Child #21, Retardation - refer to diagnostician for complete test battery.

Child #23, Social Adjustment - refer to school social worker for more complete work-up.

Child #27, Learning Disorder - refer to diagnostician for further evaluation.

One staff member will be assigned responsibility for each child with a problem, and further retesting. He will report results and recommendations to the Child-er.

The secretary will record the name of the child and the staff member assigned. The record cards will then be sent to the building principal with notification as to who is responsible for the follow-up work.

Children showing indications of retardation, physiological immaturities, emotional or learning disorders will be given further evaluation, special programming and special consideration in grouping.

Teachers working with these children will be given specific help, such as, in-service training and consultant service.

D. Consultant

A teacher with a strong background in child development will be hired to act as a "C H I L D - E R."

CHILD-ER, a new title, to avoid the connotation of consultant, supervisor, or snoopervisor. CHILD-ER was selected for the initials:

C for consultant

H for helper

I for innovator

L for leader

D for doer

C H I L D spells child and the emphasis of the program is on the child. Thus, a CHILD-ER is one who helps teachers with children.

The CHILD-ER, with assistance from the screening staff, will develop and maintain all necessary programming of individual children.

She will work with the classroom teachers to implement and interpret the programs she has devised for each of the children.

She will supervise supportive personnel in implementation of the programming for individual children.

She will keep parents informed of their child's progress through personal conferences and written reports.

She will conduct in-service training meetings with the staff under the guidance of the project Director.

She will aid the Director in keeping school personnel, staff, parents, and public informed on the progress of the project.

E. Parent Education

Parents of children identified as being exceptional will be requested to attend small group meetings in the evening to discuss with professional people, the nature of their child's problem, and what the parent can do to help at home.

F. Summary

The program is designed to identify problems, to individualize programs as the best solution to these problems, to follow up to see that the programs are carried out and that they are successful, (if they are not successful, then a new program will be devised) and to include parents in the educative processes of the school.

V Emphasis

A. We know from research that it is possible to identify problems prior to entry into kindergarten. The work of Lewis Terman, Maud Merrill, Newell Kephart, Florence Stuphin, Anton Brenner, The Gesell Institute, Jean Piaget, Willard Abraham, Christine Ingram, and G.N. Getman verify this fact. (See Bibliography)

We also know that programs can be devised for individual exceptional children because we are already doing this with children who are referred to the special education department, but this is usually after the original problem has been compounded.

Example: A slow learner or a "late bloomer," usually male, is conditioned to failure. His self-image is deflated. He develops learning blocks. His emotional balance is disturbed. He must compensate for this so he either withdraws or becomes a behavior problem which in turn alienates him even more from the affections of his teacher, his parents, and his peers.

Research and development of programs has been done by such persons as Alfred Strauss, Laura Lehtinen, Newell Kephart, Marianne Frostig, Florence Stuphin, Samuel Kirk, and Catherine Mancy (See Bibliography).

Our proposed program is innovative in that it not only diagnoses prior to entry into school but it provides, on an in-staff basis, programming for individual children with problems, and it involves the parents as part of the team to help in the solution of the problem.

B. Our program is also exemplary in that it combines the unique talents of the special education department with the general educators in identifying potential problems and in structuring the curriculum to adjust to the individual child's needs.

It will demonstrate to other school districts how they can make better use of their existing staff members at a reasonable cost to the district.

VI Planning

A. Personnel

Planning for this program is being done on a two district basis with members of the Lakeview and Lake Shore Public School Districts and the 5 non-public schools.

1. Committees

The Executive Committee will have the responsibility to:
(1) serve as a decision making body for the grant,

(2) advise and recommend procedures of the grant and

(3) evaluate the functions of the steering committee.

Membership of this Committee:

The School Superintendents

Assistant Superintendent of Instruction

Curriculum Coordinator

Pilot School Principals

Director of Special Education

Child--ers

Dorothy Jens, Diagnostician

Project Director

B. The Steering Committee, will assist the project director in future planning, preparing publications, and hosting visitors to the project.

Membership of this committee will be composed of the Executive Committee and:

Lakeview	Lake Shore
Diagnostician	Diagnostician
Kindergarten Teachers	Kindergarten Teachers
First Grade Teachers	First Grade Teachers
Child Development Counselors	School Social Worker
P.T.A. Representatives	P.T.A. Representatives
Parochial School Representatives	Parochial School Representatives

County

Representative of Intermediate School District

Representative of County Child Guidance Clinic

C. The Planning Committee will have the responsibility for evaluating the pilot program and making recommendations for necessary changes prior to application for a continuing grant. The Planning Committee will be composed of the Executive Committee, Steering Committee and members of the Screening Staff.

2. Agencies and their relationship to the program:

a. Wayne State University

Dr. Walter Ambinder, Professor of Clinical and Educational Psychology, will act as liason agent and consultant to the project.

Possibility of a doctoral candidate to research the results.

Use of other Wayne State University staff members for in-service to teachers and to consult with parents at evening meetings.

b. Macomb County Intermediate School District

Representative on planning committee

Consultants in the areas of:

mentally handicapped

physically handicapped

emotionally disturbed

Organ for dispensing information on the project to other districts in the county.

c. Macomb County Child Guidance Clinic

Representative on planning committee

As a referral agency

d. Radio and News Media

St. Clair Shores Community News

Macomb Daily

Station WBRB

Rosie O'Grady Informational Program

Detroit News

Detroit Free Press

All of the above to be supplied with news releases regarding the program.

3. Staff Involvement

Many teachers, administrators and other professional staff members will be involved in planning the project, in aiding in the individual programming, in operating the clinic and in both the short term and long term evaluations.

B. History

1. Planning for the program has evolved for over one year in searching for a solution to the problem of large numbers of children who, according to test results, are underachieving at grade three and above. Referrals to the special education department on these test results and teacher observations indicate after individualized testing,

that a large percent of these children have learning disorders which could have been prevented or at least minimized had they been diagnosed and a prescriptive curriculum prescribed earlier in their school careers.

2. Staff members have attended numerous conferences, seminars and university classes to gain more insight into learning problems. Conferences, etc., have involved such people as:

Kephart - Purdue University

Frostig - M. Frostig, School of Education Therapy

Kirk - University of Illinois

Myklebust - Northwestern University

Ames - Gesell Institute

Brenner - Merill Palmer

Independent study has been carried out by members of the staff and shared with each other and the administrative staff casually and formally.

In-service training meetings by the special education department and outside consultants have been held for:

a. All itinerant special education personnel of the Lakeview and Lake Shore School Districts.

psychologists and diagnosticians

speech correctionists

homebound teachers

school social workers

b. Secondary school counselors and elementary child development consultant.

c. Elementary and secondary school principals.

d. Medical and psychiatric interns from Children's Hospital in Detroit, Michigan

e. Reading consultants, physical education consultants and some classroom teachers.

C. Members of the State Department of Education have acted as a sounding board and as consultants in planning the project. Mr. Donald Goodson has been most helpful in the preparation of this proposal. Dr. Mary Blair offered several constructive suggestions for implementing this project.

D. No E. S. E. A. funds have been provided for planning this program.

E. Funds requested for this project will be used for:

1. Salary for project director
2. Consultant (Child-er) salaries
3. Secretarial salaries
4. Clinicians salaries
5. Consultants fees
6. Test materials
7. Printing - cards and forms
8. Program materials

9. Printing - Publications
10. Travel and mileage
11. Communications expense
    a. stationary
    b. dittos
    c. postage
    d. colored film
    e. tape
12. Classroom equipment
    a. tape recorders
    b. headsets
    c. overhead projectors

This equipment will be placed in the kindergarten, first and second grade rooms of the schools in the pilot program.

Tape recorders: This equipment gives the children the opportunity of working at their own pace and permits individual attention in areas where they may have learning problems. The tape recorder can be used to teach the auditory-perceptual skills of rhythm, patterns, tone and recognition. It can reinforce the visual image presented by filmstrips, storybooks or other illustrative material.

Headsets: Individual headphones help the child to concentrate. It eliminates almost all distracting sounds. Perceptually--impaired children have difficulty concentrating auditorally. The child's attention can

be focused on the pre-recorded lesson.

Overhead projector: This projector through the imagination and experience of the teacher, can strengthen the child's abilities in visual memory, visual-motor coordination, and figure-ground perception.

F. Federal support would be phased out after the project has been in operation for a period of three full years and the value of the program has been recognized by the faculty and parents of the districts.

Hopefully the need for remediation would lessen and local funds could be transferred from remedial activities to preventive.

Sufficient numbers of staff members will have been trained during the life of the project so that outside consultant services will be greatly lessened.

Building principals will assume the duties of the project director for his or her own building.

Some reorganization of staff duties will be necessary so that some aspects of the program can be carried out during the regular school day.

Specifically:

(1) all administrative expenditures will be continued under the grant for a three year period:

(2) all capital outlay expenditures will be phased out at the end of the first year, any additional needs that may arise during the life of the grant will be funded by the district's General Fund and/or Building Sites Budgets, and through N.D.E.A. Title III.

Because of limited financial resources of the Lake Shore and Lakeview schools, all projects funded by Federal grants are carefully scrutinized by the Boards of Education to insure them that the districts can fund the projects after the expiration of the grant.

The project will be phased out as follows: (see exhibit I A.).

1968-69	$126,055.00
1969-70	$119,982.00
1970-71	$113,308.00

G. Related Services and Activities now in existence

Our schools have held pre-school "Round Ups" for many years in which the parents of pre-kindergarten children have been invited into the school for registration and orientation by the kindergarten teachers, principal, and school nurses. There was no monetary consideration for this program. This practice will either be supplanted by the project or be changed

more to an orientation program for the child into a school setting.

Psychological testing for mental retardation under the state sponsored program is being done and would continue to be done under the existing rules and regulations of the Michigan Department of Education.

VII Participation of Non-Public School Children

Benefits would be the same for non-public schools as for public schools inasmuch as none of the non-public schools provide kindergarten programs and all children in this area attend public school kindergarten.

The Child-er would work with teachers, parents, and children who attend a non-public school after kindergarten in the same way as she would in the public schools, if such a service is desired.

Non-public schools would be provided with all available information on children enrolling in the non-public schools and could best be served in the public or the non-public school. The public school staff will neither encourage or discourage parents from non-public school enrollment for their child.

Non-public school staff members would participate in all in-service programs and be eligible for employment for any of the positions for which they qualify on an equal basis with the public school staff.

VIII Evaluation

Students placed in the Pilot Program will be compared with similar groups not participating in the program from other kindergarten classes in other buildings. Past experience has shown that the number of children showing various kinds of learning disorders is quite randomly distributed throughout the districts, i.e., the number and kind of learning disorders found in one kindergarten class in the districts is likely to be very similar in any other kindergarten class in the districts. Both districts are located in the middle class suburban city of St. Clair Shores, Michigan.

A correlation study will be undertaken for the purpose of determining the extent to which there will be a significant difference between children participating in the program and those who do not -- at the end of the one year, two years, and three years (kindergarten, first grade, and second grade).

The comparison will focus on readiness at the end of kindergarten; reading, number concepts, and language skills at the end of first and second grades. The number of students needing additional help and who participated in the program at the end of grade two will be compared with the number who need additional help and who do not participate in the program at the end of grade two. Special help includes speech correction, counseling with the school social worker, child guidance clinic referrals, psychiatric treatment, etc.

A questionaire to be devised by the Department of Special Education will be administered to each parent whose child participates in the program. The purpose of this questionaire will be to determine the worth of the program from the parent's point of view.

An appropriate questionaire will also be filled out by all teachers and administrators who participate in the pilot study.

Particular observations and evaluations will be conducted with children who are initially diagnosed as having disorders which are believed to create learning problems. Comprehensive records will be kept on these students. Follow up studies will be conducted at the end of the program on each child who presents a learning disorder at the initial evaluation.

IX Dissemination

Representatives from other school districts, colleges, universities, and other educational agencies will be welcome to visit any phase of the program.

Staff members will be available for in-service workshops, speeches, or consultant service to other educational organizations.

A syncromat program, colored slides syncronized with a tape recording telling the complete story of the program, will be made to be used for P. T. A. s, Service Clubs, Faculty Meetings, and Educational Conferences.

X. Qualifications of Professional Personnel

A. The following personnel will be needed for the pilot program in the two schools.

Position	Length of Service	% involve	Salary
Project Director	1 year	100	$13,500.00
Child-er (4)	1 year	100	$46,000.00
Consultants			
a. educational & workshop	40 days		$ 4,500.00
b. optometric (2)	1 year & summer workshop		$12,200.00
Diagnosticians (1) (School Psychologist)	10 days		$ 500.00
Child Development Consultant and/or School Social Worker (1)	60 hours		$ 360.00
Speech Correctionists (1)	60 hours		$ 360.00
Nurses (1)	60 hours		$ 360.00
Supportive Personnel (4)	1440 hours	100	$17,280.00
Secretary	1 year	100	$ 4,550.00
Secretary	3/4 year	100	$ 3,413.00

B. Qualifications and Responsibilities:

Director

Qualifications

Master's Degree in Education

Background in Child Development

At least three (3) years early elementary classroom experience

Some school administration experience desirable

Responsibilies

Holds full responsibility for the administration, planning and implementation of the entire program.

Recommend selection, assignment and dismissal of staff personnel as needs demand.

Establish a supervisory committee to assist in the program's guidance and to serve as chairman of such a committee.

Devise and establish, with the help of the committee, policies and procedures for operation of the program.

Work closely with all staff members involved. Promote good working relations among them for the good of the program and coordinate all activities involved.

Establish guidelines for evaluation of the program, and prepare reports of progress for the superintendents and board of education.

Coordinate and direct all auxiliary service personnel necessary for the total program.

Coordinate all resource and consultant services including university and state department personnel.

Help plan, direct, prepare and maintain all public relations, announcements and literature concerning

the interpretation of the program for the public.

Be responsible for cooperation with outside professional groups in reporting the progress and/or success of the program.

Oversee all requisitions, orders and requests for materials, equipment and supplies needed in the program.

Establish and prepare an annual budget for the program.

Represent the program at all conferences, meetings and staff planning sessions.

Develop and establish a program for maintaining all necessary and proper records for students, financial operations and the federal and state offices as required for approval.

Plan, devise and maintain an in-service program for continuous training of all personnel.

Child-er

Qualifications

Master's Degree

Major in Child Development

At least 3 years early elementary classroom teaching experience.

Ability to relate well with teachers

Responsibilities

Help plan with the director adequate in-service programs for the personnel involved.

Work closely with all consultant and resource personnel from universities and other professional agencies.

Establish regular in-service meetings for all staff involved with the program.

Provide close contact with representatives of professional companies such as textbook companies and other firms dealing with materials and teaching equipment.

Select appropriate materials to help the teachers in their daily classroom work.

Keep the director continuously informed of the progress of the entire program.

Set up a schedule of work with and assist all classroom teachers with individual student problems on a weekly basis.

Provide professional assistance in child growth development forall classroom teachers to assist them to be knowledgeable concerning different types of handicapped students under their care.

Act as a professional assistant to the director and serve as a member of the director's supervisory committee.

Be chief training officer for classroom techniques and individual programs for students under the care of the classroom teachers in the program.

Assist teachers in selection of teaching materials, equipment and supplies.

Establish schedule of "parent meetings" to keep all parents familiar with the program and better informed on their own child's problems.

Expedite the allocation and transportation of equipment and materials from building to building.

Diagnostician

Qualifications

Michigan certification as a school diagnostician

Responsibilities

Assist the director and the supervisory committee in selecting and obtaining the appropriate tests and evaluative instruments for carrying out the total program.

Working together with the other outside resource personnel in interviewing and testing students for evaluation of their learning handicaps.

Providing total records and information on each individual student to be worked with and providing continuous support and assistance to the director, child-er, and other staff members involved in the program in assisting them to help the students involved.

Help to set up the necessary instruments, equipment and procedures for providing an evaluation of the total project.

Providing assistance and guidance in the in-service program of classroom teachers.

Acting as a liaison person and coordinating information and material between the other outside resource personnel and the project personnel.

Maintaining all adequate records of testing procedures of the students involved in the program.

Child Development Consultant

Qualifications

Michigan Certification as a child development consultant or school social worker

Responsibilities

Interviewing

Programming

In-service Training

Evaluation

Speech Correctionist

Qualifications

Michigan Certification

Responsibilities

Testing

Follow-up

Programming

Nurses

Qualifications

R. N. in School of Nursing

Responsibilities

Testing

Follow - up

Consultant

Qualifications

Doctoral degree in the area of Clinical and Educational

Psychology

Research in Learning Disorders

Responsibilities

Consult in planning

In-service Training

Evaluation

Exhibit I A.

PHASING OUT OF PROJECT

Proposed Grant 1968-69:

Account No.	100	Administration	$ 3,065.00
	200	Instruction	$107,423.00
	800	Fixed Charges	$ 9,439.00
	1230	Capital Outlay	$ 6,128.00
TOTAL			$126,055.00

ANTICIPATED PHASING OUT IN 1969-70

Account 200 Workshops conducted by Wayne State University and Optometric Workshop	$ 6,000.00
Account 1230 Equipment under capital outlay	$ 6,128.00
TOTAL	$ 12,128.00
Required operational budget	$119,982.00

ANTICIPATED PHASING OUT IN 1970-71

Account 200 Employment for Child-er changed from twelve (12) month contract to ten (10) month contract 1/6 of $12,500 x 4 =	$ 8,332.00
Account 200 Deduction in travel allowance	$ 1,500.00
Account 800 Fixed charges - social security & retirement	$ 462.00
TOTAL	$ 10,294.00
Required operational Budget	$113,308.00

Expenditure Account No. 1230 -- Capital Outlay (Equipment Only)

Exhibit 2 A

Description of Item	Quantity	Unit Rental Cost per Mo.	Project Period Cost of Rental	Unit Purchase Cost	Total Cost
File Cabinet	1	$ 2.50	$ 90.00	$ 60.00	$ 62.00
IBM Standard Electric 13"	1	$32.50	$ 1170.00	$ 375.00	$ 375.00
Swivel Chair	1	$ 4.00	$ 144.00	$ 51.00	$ 51.00
Overhead Projector Besseler Porta-scribe	10	$60.00	$21,600.00	$ 174.00	$1740.00
Tape Recorder Sony 105	10	$15.00	$ 5,400.00	$ 132.50	$1325.00
Head Sets Newcomb Listening Center R-HDB8C	10	$10.00	$ 3,600.00	$ 70.00	$ 700.00
Dictaphone & Transcribers	4/1	$25.00 each	$ 3,000.00	$ 625.00 *	$1875.00
TOTAL BUDGETED AMOUNT					$6128.00

* Cost of one dictaphone & transcriber combination, a total of three to be purchased.

Expenditure Account No. 200 -- Instruction Exhibit 3 A

Expense Class	Name & Title, Purpose or Item	Project Time Full	Project Time Part	Quantity	Salary, Rental or Unit Cost	Amount Budgeted
Salaries						
Professional						
	Project Director 80% Instruct.	X			$13,500.00	$ 10,800.00
	Child-er (4)	X			$11,500.00	$ 46,000.00
	Diagnostician (1)		X		10 days @ $50 a day	$ 500.00
	Social Worker (1)		X		10 days @ $6 an hour	$ 360.00
	Nurses (1)		X		10 days @ $6 an hour	$ 360.00
	Speech Correctionist (1)		X		10 days @ $6 an hour	$ 360.00
Non-Professional						
	Supportive Personnel (4)	X			1440 hours @ $3 an hour	17,280.00
	Secretary	X			$ 4,550.00	$ 4,550.00
	Secretary		X		3/4 time	$ 3,413.00
Contracted Service-workshops					$16,700.00	$ 16,700.00
Materials & Supplies:						
	Printing cards & forms				$ 300.00	$ 300.00
	Printing publications				$ 600.00	$ 600.00
	Test materials				$ 300.00	$ 300.00
	Program materials				1,000.00	$ 1,000.00
	Miscellaneous expense				$ 500.00	$ 500.00
	Communication expense				$ 150.00	$ 150.00
Travel: Travel in District					$ 750.00	$ 750.00
	Travel and subsistence for staff members participating in workshop conference and staff trips in the state of Michigan, and five (5) out of state trips.				$ 3,500.00	$ 3,500.00
TOTAL AMOUNT BUDGETED						$107,423.00

Expenditure Account No. 100 -- Administration

Exhibit 4 A

Expense Class	Name & Title, Purpose or Item	Project Time Full	Part	Quantity	Salary, Rental or Unit Cost	Budgeted Amount
Salaries						
Professional						
	Ron Cole, Director 20% Administration				$13,500.00	$ 2,700.00
Materials & Supplies:						
	Pins			1 roll	.19	.19
	Pencils					
	Dividers			5 sets	.18	.90
	Notebook Binders			5	.40	2.00
	Envelopes #6			1 box	1.38	1.38
	Envelopes #10			6 boxes	1.90	11.40
	Bond Paper			2 reams	2.25	4.50
	Onion Skin			1 ream	.49	.49
	Mimeo. Paper			30 reams	.77	23.10
	Stencils			6 quires	3.05	18.90
	Carbon Paper			2 boxes	3.15	6.30
	Ditto Masters			lo boxes	3.90	39.00

Continued on following page:

Expenditure Account No. 100 Administration (continued)

Exhibit 4 A

Materials & Supplies:	Quantity	Unit Cost	Amount
Ditto Paper	30 rms.	.90	$ 27.00
File Folders	4 boxes	3.95	15.80
Postage			200.00
Catalogue Envelopes	1 box		
Wallet Exp. Envelopes	20	.16	3.20
Steno Notebooks	20	.10	2.00
Legal Pads	15	.14	2.10
Stamping Pad Ink	1	.27	.27
Rubber Bands	1 box	.28	.28
Staples	1 box	.30	.30
Calendars, app.	3	1.35	4.05
Typewriter ribbon (multilith)	2	1.25	2.50

TOTAL BUDGETED AMOUNT $3,065.00

Expenditure Account No. 800 Fixed Charges

Exhibit 5 A

Expense Class	Name, Title, Purpose or Item		
Salaries (fringe benefits)			
	Professional Social Security Retirement	9.8%	$ 9,439.00
TOTAL BUDGETED AMOUNT			$ 9,439.00

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